

The creation of global dermatology

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ANCIENT INFLUENCES ON DERMATOLOGY

Disease of the skin from the earliest has been the care of many around the globe. Priest-physicians mediating between mortals and the supernatural interested themselves in it. Priests were at the top of the social ladder, the topmost rung of which was occupied by the ruler. Imhotep (2600 BC), Pharaoh's chief advisor, architect, priest and physician skilled with potions for the skin, was himself deified: even the Greeks, a millennium later, considered him the demi-god of medicines. Guthrie (1) accords the title 'Father of Medicine' to Shen Nung, Emperor of China (3000 BC). His great pharmacopoeia of herbs and poisons is reprinted to this day. In India, early medical works (1500-1700 BC) were dealing largely with spells and incantations. By the fourth and fifth centuries AD, however, physicians had left detailed treatises concerning smallpox, external applications of plants and ointments, and medicinal baths.

Historian records

Sulla is a mulberry sprinkled with oatmeal; Plutarch (46-120 AD)², historical biographer, could not have described the signs of papular rosacea more succinctly. The dominating glare of the dictator of Rome's (82-79 BC) blue eyes were made more dreadful, so he says, by the angry red blotches and frank pustules. He offers as aetiological Sulla's bouts of 'inordinate debauchery' and pathological sexual indulgence with dancers and actors of both sexes punctuated with bursts of 'excessively hard work'.

The circumstances of his death are more difficult to interpret:

... his whole flesh was corrupted and turned into worms. They increased far more quickly than they could be removed. Many people were employed day and night to remove them. They kept swarming out in such numbers ... frequent baths ... no washing away could keep pace with their numbers ...

Fancifully, did Moses (*Exodus*, Chp 34, v 27-35) have rosacea? Were the children of Israel fearful of contagion when they saw his face so shine that he covered it with a veil? The condition came on very acutely after his 40 days of



Figure 1 The Itch. The Mayan moon goddess of Ancient Mexico. The fire symbol on her back is the rebus for a rash. She was a fickle wanton, cuckolding her husband the sun God: through that and her monthly cycle, she came to be the patroness of sexual relations. Could the rebus also refer to the burning gonorrhoea?

deprivation at high altitude inscribing the 10 commandments on tablets. Did Job suffer scabies with secondary pyoderma (*Book of Job*, Chp 2 v 4, 'And Satan answered the Lord, and said, "Skin for skin..."')? Chaucer's (1345-1400) Summoner plainly had rosacea³. Numerous other medical gems are to be found in Chaucer's poems: moles around the facial orifice coyly indicating others to be found around the 'privee place', leprosy, and syphilitic hair loss. Chaucer's doctor was learned in all the ancient works, Hippocrates to Galen, and employed salves. Shakespeare (1546-1616)⁴ has a wealth of medical and dermatological references in his works.

Unwittingly we have been given glimpses of contemporary attitudes to skin disease with vignettes of sufferers and their scourges, endemic and epidemic.

Thucydides (460-400 BC) was one of the sufferers from the Great Plague of Athens (430-428 BC) and as one of its few survivors ... ('the physicians died themselves most thickly') knew he had acquired the immunity from the contagion. Stating this as 'his testimonial', he 'purposefully set down its signs and symptoms so that the student, were it

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to break out again, might recognise it'. He describes in precise detail the course of the disease and its social effects.

The skin was not hot to touch but was reddish, livid, and breaking out into small pustules and ulcers, and burned the victim so much that he could not bear to have on him clothing but to be stark naked, and liked best to plunge into the rain tanks⁵ ... [*The rash*] first settled in the head ... [*spread through the body*] ... to the privy parts, fingers and toes

which if the patient survived might be gangrenously shed. Was it tularaemia⁶? Or, was it something 'new out of Africa', Lassa fever, carried to Athens by the rat in the grain ships from the Nile delta⁷? Then what was the devastating sweating sickness (*Sudor Anglicus*) of medieval England, which was also a lethal disease with dramatic cutaneous signs?

Glimmerings of Western dermatology may be discerned 4000 years ago in Egypt, originating within the main stream of medicine: millennia were to pass before the professional dermatologist was recognizable; a physician who studied the skin as his especial province was an essential for the emergence of the speciality.

The combined offices of physician and priest were usual in the civilizations of Egypt, Israel, China, and India: medicine and magic were interwoven in Europe until late medieval times. 'Orthodox' medicine was practised in monastic infirmaria and hospitals.

The Temples of Aesculapius in the Eastern Mediterranean, the first hospitals, received patients with skin disease: inunction with oils, a healthy diet and prayer were paramount. Emperor Constantine by decree in 335 AD, closed the pagan Asklepieia and their Roman counterparts. Christian hospitals were opened throughout the Middle East and in Europe (the monks caring for the body as the temple of the soul). Monasteries had their infirmaria and due to the impetus of the Crusades, the Orders of Chivalry were founded. The hospitals the Order of St John built in Rhodes and Malta were recognizably modern⁸.

The religious foundations were dissolved in England by Henry VIII (1536) thereby removing around 500 Lazar houses to which were entrusted the care of the sick, notably lepers, but also those with infectious diseases including syphilis, smallpox, and the plague⁹. This created an in-patient void which awaited the foundation of the voluntary hospitals in the eighteenth century and the specialist hospitals in the nineteenth.

None the less, there was a powerful undercurrent of dissent against the specialist hospitals and dermatology was once again centring on the general hospital where other specialists could be consulted to collaborate in the care of serious skin disease. Three and a half centuries ago this trend had been initiated in post-reformation London at the Royal Hospitals of St Bartholomew and St Thomas. The first permanent

appointment of a practitioner for 'the treatment of scald head and lepersies' was in 1632 and Copeman¹⁰ suggests this signalled 'the birth of hospital-based dermatology'.

Priest-physicians and lay brothers will have been few in number: mountebanks, itinerants and wise women in profusion presumably attended to the bulk of the people. Orthodox practitioners would approach treatment of the skin in the context of their theories of the causation of disease and their philosophies of the supernatural, buttressed duly with administrations of empirically tested herbal concoctions. These medicines in seventeenth century England were dispensed by the apothecary just then reaching professional status. They were the general medical practitioners of the age¹¹. The physicians by contrast were a social elite dealing with the rich.

Parallel with this evolution of the scientific and the rational was the traditional: intricate and tedious saucery by priestly vested interests; administration of dire, even poisonous, plants; magic medicines with repulsive and difficult to acquire constituents. Primitive medicine in all archaic civilizations was essentially similar and they all failed to test their theories of pathogenesis by experiment. The manifold techniques of saucery make quaint reading. Translations of ancient texts from Egypt, India, China and Japan indicate that similar forms were employed around the globe. Some of these refer to disease of the skin. The spells of all nations were designed to achieve similar ends.

In Renaissance Europe a number of practical factual 'self-help' books were written in the vernacular for patients⁹. Henry VIII published a pharmacopoea for skin disease—a Royal dermatologist? He himself was greatly vexed by a chronic leg ulcer. Until Victorian times such incunabula have been influential in the development of dermatology. Countless manuscript home herbals, printed manuals of dietary and rural lore, and country-house medical and culinary recipe books were compiled—often the wisdom of aristocratic ladies.

Diagnosing in retrospect illnesses of the prominent or in the community at large and speculating upon the nature of globe-sweeping epidemics may help to interpret history. Where people lived, in mountains or on rich soils, and how, by sea-faring or by fishing, was relevant to health. Wars and nearby trade routes mixed populations and channelled epidemics. Public health, private hygiene, injury at work and in war are reflected in writings. Disease carried off many young (Alexander the Great was allotted a span of only 32 years): few would survive until old age so populations grew but slowly and intermittently.

The oldest medical books are the medical papyri of Ancient Egypt, a muddle of religion, magic and medicine. Descriptions of diagnosis, treatment, and prognosis of disease, were often classified according to the organ afflicted. These jostle with 'alternative' medical recipes of spells

which, for example, might be designed to wish diseases upon others; baldness upon the head of a hated rival perhaps. The antidote, humanely published alongside, will be in this case a yet more costly concoction comprising hippopotamus fat and burnt tortoiseshell. Ghalioungui¹², Professor of Medicine in Cairo, interprets these extraordinary literary survivals within the social circumstances of their scribing, the very high status (and pretensions) of the physicians, their congregation in quasi-universities, Houses of Life, amidst the surprisingly free mobility of physicians between nations.

The Ebers papyrus (1550 BC) the longest extant compilation refers to many skin diseases: ulcers, pyoderma, weeping lesions, leprosy probably, alopecia areata ('curable with the dirt of flies...'), and so on. Through Herodotus ('the Father of History', c 440 BC) there are hints that practitioners commonly specialized in particular organs and that this speciality practice was conveyed by travelling scholars to Hippocrates (460–360 BC) in Cos, an island very close to the anciently settled cities of the Turkish mainland.

Scholars always have travelled freely and widely. The movements of conquering armies are the journeys recorded in history and we learn seldom of others, unless by a celebrity such as Pythagoras (582–500 BC). The exchange of medical ideas and practitioners between nations, is far from recent. From Assyrio-Babylonian medicine in Mesopotamia (now modern Iraq), are copious records: the physician was of high caste, not a priest although he used spells, learned in basic sciences and in the code of Hammurabi, skilled in the preparation of lotions and ointments and who conformed to very high professional standards within which members set their own fees¹³. Consultants of renown, some seemingly specialists, were exchanged (1400–1200 BC) among royal courts—for example those of the Egyptian pharaohs with Hittite monarchs and Mitanni Kings (Indo-Europeans, progenitors of the modern Kurds). In medieval Europe, Boord, physician and tutor to Henry VIII, was an enthusiastic traveller to the Middle East and the Barbary coast, and epitomized the scholar priest-physician. He collected herbs, some of them for use in skin disease, and also information of value to his Sovereign: to wit one suspects he combined his academic enquiry with that appropriate to a high class spy!

Greece and the Aegean Basin have influenced Western medicine out of proportion to the tiny segment of the globe they occupy. Today's terminology is sufficient testimony—atopy α, τοπος pityriasis πιτυρον, erythema ερυθρημα, poikiloderma ποικιλος δερμα, and so on. The fruits of their botanical research, their theories of disease aetiology, and the principles their physicians set down for in-patient hospital care have endured since the golden age of Pericles in Athens.

Athens produced three of the greatest philosophical minds of all time: Socrates (469–399 BC), Plato (429–347

BC), and his pupil Aristotle, tutor to Alexander the Great (384–322 BC). They influence us to this day.

Aristotle, the supreme polymath, whose text on the animal world has been seen as foreshadowing Darwin's Theory of Evolution, classified, synthesized, and collected all available knowledge, setting forth medical, psychological and natural truths: the organism is enlivened by a soul, pneuma; and health is dependent upon four temperaments. This concept lingers in our language—melancholic, sanguine, choleric, and phlegmatic. His pupil, Theophrastus (372–286 BC), compiled an encyclopaedic herbal assigning to plants healing properties in relation to the concept of the Humours: maybe alluding also to phototherapeutics or phytophotodermatitis (plainly Greeks wore few clothes and were exposed to much sunlight!).

The books of the School of Hippocrates collate information about disease and are stuffed with notable aphorisms. Hippocrates, the Father of Western Medicine, is distinguished by an experimental approach, assessing the results of treatment and stating prognosis, as his observations on leg ulcers show. The dogma of The Four Humours predominates. (At this moment, any one of us may be in good, ill or evil *humour*). Priestly magic is largely purged from his pages. For two millennia until the European Middle Ages his works were copied, translated, and were obligatory study for all doctors.

The humoral theory that dominated the orthodox medical world of 500 BC was based upon the four elements: earth, air, fire and water. It supposed that correct proportions of these in the body indicated health and an imbalance, disease. This system was refined over 1500 years to attain its ultimate in Arabian medicine. The Doctrine of Signatures continued likewise as accepted dogma, later to be supported by Paracelsus, and also surviving into nineteenth century Europe. The disease or its symptoms were to be repelled by objects or talismen of similar size or shape to the supposed nature of the malady or the afflicted organ. Salix the willow (salicylate—*aspirin*) being found in marshy regions, sites whence the ague emanates, will be thus an appropriate medicine for fevers.

Celsus (fl 50 AD) was influential and was followed by the medical giant Galen (130–201 AD) who also wrote in Latin. His gigantic works brought together these theories. He added the knowledge of Hippocrates to that of the Alexandrine and Roman schools. Therapeutic herbs, either as simple or complex mixtures, explanations of disease based on (usually spurious) physiology, formed a colossal body of writings, dogmatic, all statements made as infallible, an ultimate of medical knowledge. His books were to be copied, translated, and pored over by all serious and orthodox medical men for nearly two millennia. Guthrie¹ entitles Galen 'Medical Dictator'. His mediterranean herbs, many for the health of the skin, survived as 'galenicals' into

the nineteenth century European pharmacopoeas helped on their way in England by the herbals of Gerard (1545–1612), and Culpeper (1616–1654).

By the first century AD, Rome had developed an efficient army medical corps—'war teaches the surgeon' had stated Hippocrates, and that embraced the treatment of war wounds and ulcers. Disease was the greater killer on active service and culled the cities in peacetime. Dioscorides (fl AD 60), a 'green' in Nero's army, founded botanical pharmacology, building upon former Greek *materia medica*. These drugs would have been used officially (*L. officinalis*; *officina*=shop) and as home remedies and also within the purlieu of the household both as votive offerings for, and sacrifices to, the household gods. A few are sold over the counter to this day.

The Arabian school crossed national boundaries. Arabic not the Greek language took Hippocrates and Galen into Europe. Its practitioners often were neither Arab nor Moslem. Gabriel (fl 500 AD) fled Constantinople as a persecuted Nestorian christian, to be court physician in Persia where seemingly there was no established native medical tradition. Rhazes (fl 920 AD), who wrote on smallpox and the infectious exanthemata, and Avicenna (Ibn Sina) (980–1037 AD) were Persians practising in Baghdad. The conquering forces of the new Moslem empire brought Islam, medicine (and smallpox), across North Africa to Spain. Maimonides (1135–1204) was the last flower of this Arabian school: rabbi, philosopher, academic physician, and commentator on Galen.

The Arabian school of medicine brightened the intellectual dawn at the ending of the Dark Ages in Europe.

*The Traditions of Islam, Moslem Deductions and Interpretations of the Quran*¹⁴, ascribes many disorders to the imbalance of the humours: smallpox and leprosy were blamed upon the spread of black bile throughout the body. The writings were a concordance of medicine and dealt extensively with cosmetology, sexual medicine, and therapeutics ('Honey is the best treatment for mankind... makes the hair grow longer, softer and more beautiful... kills lice... harmful to bile'). The *Traditions* revealed; 'After women and scent, nothing was dearer to the Prophet of God (Allah) than horses'.

The School of Salerno, near Naples, 'already ancient' in the ninth century (thus, the oldest institution in Europe) was founded by 'a Latin, a Greek, an Arab and a Jew' and attracted students and patients globally. In-patients and out-patients were treated. Arabian medicine, here, was grafted upon the main stem Graeco-Roman. Through its *Regimen Sanitatis* (English version 1607 by Sir John Harington¹⁵, godson of Queen Elizabeth the First) it introduced commonsense herbal medicine widely.

Fifty years earlier, Andrew Boord (1490–1549), a Carthusian, had published the first medical text in the

vernacular revealing the secrets of the healing art to the unlatined populace in England, to be pilloried thus a traitor to the learned. He published among other books, *The Dietary of Health* (1542), a compendium of disease rather than being simply a treatment-orientated receipt book.

Boord's *Dietary* (1542) tells of how to live life: 'on waking, praise God', what to wear, where to build your house, what to cook—with particular reference to the qualities of herbs—and how to conduct oneself in times of pestilence and the sweating sickness. In the *Breviary of Health*¹⁶ prescriptions for 'sauciflowme face or gutta rosacea' with its topical remedy of sulphur is described. This same sulphur is used for scurf. Boord has chapters on lice, chilblains, and 'itching: prurigo is the Latin word'. The cause of this impediment he ascribes to

... the corruption of evil blood which doth putrefy the flesh and so consequently the skin. The remedy ... every man to order or prepare a good pair of nails to scratch and claw and to rent and to tear the skin and the flesh, that the corrupt blood may run out of the flesh ... and beware not to claw the skin with fishy fingers, but wash the hands on the way to bed.

Appositely Boord states: 'We must not forbear to examine the wisdom of our fathers if we would attain to the true perfection of our beloved physicke'.

DERMATOLOGY EMERGES FROM GENERAL MEDICINE

*On Diseases of the Skin*¹⁸ was published in 1572 in Venice by Mercurialis (1530–1606). The basic faith of the Four Humours is central. The concept of the skin as an excretory organ is proposed. His classification of skin disease is at the least unhelpful: that of, say, 'on Lepra' is chaotic; even Galen cannot help here ... 'Pruritus, a kind of pain, and as Plato said ... a pleasurable sensation from scratching, and, Socrates, as he scratched his shackled legs, said ...' and 70 more references from before Christ. Mercurialis agrees with Avicenna that sexual agitation excites vapours harmful to the skin. Original research and observation for the most part is lacking. The wealth of ancient quotations reminds one of Sir Thomas Browne (1605–1682) of Norwich. His is a quaint jumble of ancient and modern, references that beg credulity, testing seriously the reader's knowledge of the humanities, a paragon of elegance and charm. Browne explains myths about the growth of nails and hair and points out in *Vulgar Errors* (1646) why by very ancient custom people do not pull hairs out of moles.

For 200 years the continent of Europe led England on dermatological thought⁹. Then Daniel Turner (1667–1740), the first English dermatologist, published in 1714 his own *On Cutaneous Diseases*¹⁹, which was very popular, went through several editions, and was translated into continental languages. Like Mercurialis, most of his quotations were

from the Ancients. He too devoted chapters to leprosy, itch, herpes, and smallpox, but it was mostly all a hotch-potch, and no real classification emerges. With this jostle delightful anecdotal case histories with follow-up information, and an interesting pharmacopoeia, galenicals in profusion, and homely instructions as to their use. External remedies and applications could treat internal maladies; as topical mercury for syphilis.

This was not new. Paracelsus (1493–1541) writing in Swiss-German flouted at Galen and the classical tradition and expounded upon the topical application of mercury in syphilis and detailed its poisonous effects. Translations were available in English in the mid seventeenth century and had been noted by the clinical scientist Thomas Sydenham²⁰ 60 years before Turner.

The skin for Turner was a conduit to transfer medicaments from the outside inwardly through its pores. If these pores were blocked, fever might result and the treatment was baths and brushing to abrade those pores. Turner started his professional life as a surgeon, for centuries disease of the skin was within the ambit of the surgeon, but professional demarcation disputes in London permitted only the physician to prescribe internal remedies. Physicians were few in number, haughty, of great classical erudition, socially and medically influential. Turner had professional pretensions. He qualified with the diploma of the Royal College of Physicians of London and thus was enabled to prescribe systemics. He sent his published works over the Atlantic to the embryo Yale, which granted him in recognition of this their first ever degree of MD. (MD was and is a higher university degree in England and Scotland.)

Turner was now academically equipped and respectable so he thought, adding the letters MD after his name in his publications, but the medical establishment scorned him for his chicanery. He published *Siphylis*²¹ which he dedicated to the 'worthy practitioners of the Noble Art of Chirurgery in the city of London'—not to the physicians. In this he plainly sets out his disapproval of mere 'hypotheses to explain disease', advising personal observation of patients. He adversely criticized the great Professor Boerhaave's (1668–1738) statements in his book on gonorrhoea (which Turner had translated) and commented far more sagely himself on its pathogenesis in *Discourse of Gleet*s (1737)²¹. These and his other books are yet preserved in the library at Yale University.

We have to wait until Robert Willan (1757–1812) published his magnificent *On Cutaneous Diseases* (1798–1808) before dermatology received a usable classification of disease which was based partially on physical signs, (with chapters on papules, scales, exanthems, and bullae), and was artistically presented with full page lithographs in colour. Thomas Bateman followed (1813) using Willan's classification which he believed to be superior to von

Plenk's (1738–1807). In France, Baron Jean Louis Alibert (1766–1837) published his monograph (1806–1827), also with lovely illustrations, but with a most complex classification. He was the founder of the French school of dermatology and was succeeded by Pierre Francois Olive Rayer (1793–1867) who was a pathologist/dermatologist, and an admirer of Willan. These two spanned the greatest period of French medicine. Willan had emerged likewise from general medicine. The influence of the Ancients was being shed: original thought was now deemed to be respectable. This clinical originality had started with Thomas Sydenham (1624–1689), 'the English Hippocrates' (and he was called thus by Daniel Turner), who asserted that medicine was to be learnt at the bedside. This sentiment was applauded by Turner who stated in *Siphylis* that 'He did more real Service to the Sick than all the *hypothetical* Gentlemen that went before him'. He had studied his patients unfettered by fanciful pathogenetic theories, particularly of the contagious exanthemata. George Fordyce (1736–1802), senior physician to St Thomas's Hospital, London, included a lecture on skin disease in his annual course to the students. John Hunter (1728–1793), mentor of Edward Jenner (1749–1823) (of vaccination against smallpox), was a meticulous observer of the skin, an experimentalist, and notable for his attempts to distinguish syphilis from gonorrhoea (*A Treatise on Venereal Disease*, 1786).

The *Commentaries* (1802) of William Heberden (1710–1801) was translated from the Latin, (his patient, Dr Samuel Johnson, according to Boswell, called Heberden, Ultimus Romanorum, the last of our learned physicians), by his son and published. This posthumous volume (Chap 78, Purpureae maculae-purple spots) anticipated succinctly what was later known as *Henoch* (1837)–*Schonlein* (1874) purpura.

... children otherwise healthy producing purple spots similar to those seen in purple fevers, in size from that of a millet-seed to being as broad as the palm of the hand. Pressure proved them to be purpuric. The boy aged four had the eruption mainly on the buttocks and legs, the crops of red spots became purple and afterwards yellow just as happens from a bruise. The five year old, with pains and swellings in various parts, had gross oedema of the penis so that he could hardly make water. He suffered pains in the belly and vomiting, streaks of blood in the stools and urine tinged with blood. The pain in his legs was so acute that he was unable to walk, soon to be followed by a profuse eruption on the legs, all over full of bloody points. The eruption, after a truce of three or four days, returned, but these dots became paler on the second day and almost disappeared on the third...

Seguin Henry Jackson (1750–1816) of Westminster Hospital, assembled one of the earliest classifications of skin disease based upon pathology,

Dermato-pathologia; or practical observations, from some new thoughts on the pathology and proximate cause of disease of the true skin (1792).

One wonders whether Willan was aware of this work. Erasmus Wilson (1855) published an atlas²³ with truly magnificent colour plates and in *System of Human Anatomy* (1840), his histopathological drawing (on p 439) of a section of skin approximates to ours. Perry (1865)²⁴ advocated the use of sampling the skin for microscopy, particularly when studying the hair, and he published accurate illustrations of the hair follicle and the Demodex mite. The same year, T Hillier (1865)²⁵ distinguished the atopic variety of eczema, lupus vulgaris from lupus erythematosus, and vilified current cant that superficial fungal infections were an artefact of normal skin.

Many general physicians such as Radcliffe Crocker, now devoted themselves to the study of the skin thinking for themselves, shedding the dogma of ages, and publishing texts on skin disease, incorporating more information, as the years passed, derived from histopathological examination and other scientific study.

Nineteenth century

The age of enlightenment was upon dermatology in the late nineteenth century²⁶. Disease of the skin was more likely to be treated by a medically qualified practitioner, perhaps a skin specialist. Many clergymen in seventeenth century England and later felt called by God to combine the cure of souls with the care of bodies. John Wesley (1703–1791)²⁷, the preacher with the phenomenal rhetoric, published many homely recipes for every manner of malady, including shingles, smallpox, and scabies. He recognized that scabies was caused by

... a kind of very small lice, which burrow under the skin; therefore inward medicines are absolutely useless. Is it possible any physician should be ignorant of this?

Dermatological physicians, Erasmus Wilson, Duhring, and Pringle, as examples, still referred first of all to the patient's general health and circumstances in their case histories, correctly as we would still think today placing the skin disease into its general context. None the less quixotic dogmas were still abroad and concerned what these urbane men should have accepted as general knowledge. Arthur Rook has exposed Sir Erasmus Wilson as considering scabies a new disease introduced into Britain after the Crimean War: yet Hillier, his London contemporary, had already recognized that Norwegian scabies was caused by the common acarus. Sir Jonathan Hutchinson (1906), 32 years after Hansen's discovery of the bacillus of leprosy, followed the seventeenth century physicians in believing that leprosy

derived from eating fresh fish and their livers. Moritz Kaposi of the varicelliform eruption considered what we now call eczema herpeticum (with its *varioliform* pustules) a fungus disease. Clearly the interchange of knowledge in the world of dermatology still needed quickening but the subject also was ripe for development and was being expanded from being just the interest of a mere few medical 'giants'.

In 1906, Albert Neisser and Eduard Jacobi edited *An Atlas of new and rare Skin Diseases*. By collecting contributors from Europe and the Americas, this was the first multiauthor textbook of dermatology: the herald of the will of many to advance dermatology as a scientific discipline globally.

CONCLUSION

'The longer you can look back, the further you can look forward' said Winston Churchill in 1944 at the Royal College of Physicians of London. The message of history is perfectly clear: disease knows no boundaries; its combat has to embrace the whole planet; medical discovery and knowledge are compelled to be international. No better ambassador to the health of the people of our globe can be appointed than dermatology.

APPENDIX

Some early illustrated texts of dermatology

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| England | <i>Robert Willis</i> (1841): English version of Rayer—lithographs—clinical.
<i>Alexander John Balmano Squire</i> (1867): photographs taken by himself, pioneer in the use of photography, hand coloured—popular clinical.
<i>William Tilbury Fox</i> (1877): colour atlas of skin diseases based on Willan—clinical.
<i>Jonathan Hutchinson</i> (1890–1900): colour lithographs, atlas of skin diseases and atlas of drug eruptions.
<i>Henry Radcliffe Crocker</i> (1893–1896; 1888): associate of Tilbury Fox, revised classification, histopathology. Many unbound folios of magnificent full page colour illustrations, chromolithographs from water colour drawings. |
| Ireland | <i>John Moore Neligan</i> (1855): daguerrotypes—popular clinical synthesis. |
| France | <i>Ricord Philippe</i> (1851): <i>Venerreal Diseases</i> (lurid!) hand coloured lithographs. A large volume comparable to Erasmus Wilson on the skin.
<i>Henri Leloir and Emile Vidal</i> (1889–1893): clinical and pathological lithographs. |

Ernest Besnier (1897): photo-lithochromes by foremost Parisian artists, edited by J J Pringle founder of the Dermatological Society of London. The value of skin biopsy in cases of diagnostic difficulty is emphasized.

Austria *von Hebra* (1856): *Atlas of Skin Diseases* was illustrated by a medically qualified artist Anton Elfinger.

Moritz Kaposi (Kohn) (1898–1900): son-in-law of von Hebra, lithographs.

USA *Louis Adolphus Duhring* (1876): colour lithographs.

Robert W Taylor (1889): *A Clinical Atlas of Venereal and Skin Disease* with '58 beautifully coloured plates' (i.e. coloured lithographs).

George Henry Fox (1900–1905): tinted photographs.

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